

Please fax this completed form to:
NOAA Fisheries Service
Office For Law Enforcement
VMS Fax number: **907-586-7703**



NOAA
Fisheries Service



VMS Fax

**Note: Please register your VMS unit
with an approved service provider prior to using this fax.**

Date: _____

Vessel Name: _____

Coast Guard DOC#: _____

Federal Fisheries Permit #: _____

or

Federal Crab Vessel permit #: _____

Contact Person: _____

Contact Telephone: _____

Thrane & Thrane Inmarsat IMN: _____

or

Orbcomm Skymate Serial #: _____

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 0.2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Sue Salvesson, Assistant Regional Administrator, Sustainable Fisheries Division, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802 (Attn: Lori Durall).

ADDITIONAL INFORMATION

Before completing this form please note the following: 1) NMFS cannot conduct or sponsor this information request, and you are not required to respond to this information request, unless the form displays a currently valid OMB control number; 2) This information is mandatory and is required to manage the VMS data collection program for groundfish under 50 CFR part 679 and CR crab fisheries under 50 CFR part 680, and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801 *et seq.*) and 16 U.S.C. 1862(j) ; 3) Federal law and regulations require and authorize NMFS to manage commercial fishing effort; 4) Responses to this information request are not confidential.